APPENDIX G

SOLID WASTE ANNUAL REPORT FORM

NOTE:

The installation Solid Waste Annual Report (SWAR) form is reprinted on the following pages. It is listed to show the types of solid waste information needed to be gathered at the installation to complete the report each year. The SWAR report form will most likely change from year to year but the changes will probably ask for more information, not less.

FY93 SOLID WASTE ANNUAL REPORT

1 October 1992 through 30 September 1993

SECTION 1. BASIC INSTALLATION INFORMATION

1.1	INSTALLATION UIC:	EPA REGION	
1.2	INSTALLATION NAME:		_
1.3	MAILING ADDRESS:		
1.4	MAJOR CLAIMANT:	——————————————————————————————————————	
1.6	SOLID WASTE (SW) POC:		
1.7	POC TITLE/CODE:		_
1.8	TELEPHONE NO: DSN*	COM	_
	FAX: DSN [•] CO		
1.9	LIST ANY TENANT OR OTHER ACTIVI	TIES COVERED BY THIS SU	RVEY:
	TENANT ACTIVITY NAME	UIC	DBOF* (Yes or No)

1.11 DOES INSTALLATION HAVE A SOLID WASTE MANAGEMENT PLAN (SWMP)? (A formalized plan with an implementing instruction as defined by OPNAVINST 5090.1A and MCO P5090.2, Chapter 10)
A. Yes No B. Date of Last Revision
1.12 DOES INSTALLATION SWMP INCLUDE TENANTS? Yes No
1.13 IS INSTALLATION SWMP PART OF A LOCAL SWMP? Yes No
1.14 HAS THE INSTALLATION RECEIVED ANY SW NOVs/NONs OR ANY OTHER COMPLIANCE AGREEMENTS? (Please include copies with Survey)
A. Yes No B. Status:
1.15 A. Does your state have a solid waste reduction goal? Yes No
B. If so, what is it?
SECTION 2. SOLID WASTE RECYCLING 2.1 DOES INSTALLATION HAVE A SOLID WASTE RECYCLING PROGRAM? (Check one) (See Chapter 2, section 2.1 of the SWAR Guide) Yes No
A. IS IT A QUALIFIED RECYCLING PROGRAM (QRP)? Yes No (As defined by OPNAVINST 5090.1A and MCO P5090.2)
B. WHAT ORGANIZATION ADMINISTERS THE QRP? (See Chapter 2, Section 2.1B of the SWAR Guide)
(Check one) MWR PW
Other (specify)

IN ANY COMMUNITY RECYCLING PROGRAMS? Yes _____ No _____ (See Chapter 2, Section 2.4 of SWAR Guide) *Defense Business Operating Funds (DBOF)

A. Purchasing more durable goods B. Bulk purchasing C. Duplex copying D. Purchasing recycled goods E. Laser printer/toner cartridges F. Other(specify) C.6 INSTALLATION RECYCLING PROCEEDS ARE USED FOR: (Check all that apply) A. Cost of Recycling B. Health & Safety projects C. Environmental Projects D. Recreation Projects		PERCENTAGE (%)							
B. Bulk purchasing C. Duplex copying D. Purchasing recycled goods E. Laser printer/toner cartridges F. Other(specify) C.6 INSTALLATION RECYCLING PROCEEDS ARE USED FOR: (Check all that apply) A. Cost of Recycling B. Health & Safety projects C. Environmental Projects D. Recreation Projects C.7 DOES THE INSTALLATION PURCHASE RECYCLED GOODS? Yes No	SOURCE REDUCTION METHOD USED	0	10	20	25	50	60	75	90
C. Duplex copying D. Purchasing recycled goods E. Laser printer/toner cartridges F. Other(specify) C.6 INSTALLATION RECYCLING PROCEEDS ARE USED FOR: (Check all that apply) A. Cost of Recycling B. Health & Safety projects C. Environmental Projects D. Recreation Projects 2.7 DOES THE INSTALLATION PURCHASE RECYCLED GOODS? Yes No	A. Purchasing more durable goods								
D. Purchasing recycled goods E. Laser printer/toner cartridges F. Other(specify) 2.6 INSTALLATION RECYCLING PROCEEDS ARE USED FOR: (Check all that apply) A. Cost of Recycling B. Health & Safety projects C. Environmental Projects D. Recreation Projects 2.7 DOES THE INSTALLATION PURCHASE RECYCLED GOODS? Yes No	B. Bulk purchasing								
E. Laser printer/toner cartridges F. Other(specify) 2.6 INSTALLATION RECYCLING PROCEEDS ARE USED FOR: (Check all that apply) A. Cost of Recycling B. Health & Safety projects C. Environmental Projects D. Recreation Projects 2.7 DOES THE INSTALLATION PURCHASE RECYCLED GOODS? Yes No	C. Duplex copying								
F. Other(specify) 2.6 INSTALLATION RECYCLING PROCEEDS ARE USED FOR: (Check all that apply) A. Cost of Recycling B. Health & Safety projects C. Environmental Projects D. Recreation Projects 2.7 DOES THE INSTALLATION PURCHASE RECYCLED GOODS? Yes No	D. Purchasing recycled goods								
2.6 INSTALLATION RECYCLING PROCEEDS ARE USED FOR: (Check all that apply) A. Cost of Recycling B. Health & Safety projects C. Environmental Projects D. Recreation Projects 2.7 DOES THE INSTALLATION PURCHASE RECYCLED GOODS? Yes No	E. Laser printer/toner cartridges								
A. Cost of Recycling B. Health & Safety projects C. Environmental Projects D. Recreation Projects 2.7 DOES THE INSTALLATION PURCHASE RECYCLED GOODS? Yes No	F. Other(specify)								
	(Check all that apply) A. Cost of Recycling B.	Healtl	h & Sa	ıfety p	oroject	ts	_		
	(Check all that apply) A. Cost of Recycling B. I C. Environmental Projects D. Recreat 2.7 DOES THE INSTALLATION PURCHASE	Healtl	h & Sa	nfety p	oroject _			No	
	(Check all that apply) A. Cost of Recycling B. I C. Environmental Projects D. Recreat 2.7 DOES THE INSTALLATION PURCHASE	Healtl	h & Sa	nfety p	oroject _			No	

2.8 SOLID WASTE RECYCL	ED:	 1			<u> </u>
SOLID WASTE TYPE	DBOF*		NON	NON-DBOF	
	Tons	Revenue	Tons	Revenue	EST*
ALUMINUM					
ALUMINUM CANS					
ASH					
BRASS					
CARDBOARD					
COPPER					
FABRIC/TEXTILES/RAGS					
FERROUS METALS					
FOOD WASTE/GARBAGE					
GLASS					
HDPE BOTTLES					
HI-TEMP ALLOYS					
NEWSPAPER					
NON-FERROUS METALS					
OTHER METALS					
PAPER					
PLASTIC					
STEEL					
TIMBER/WOOD					
OTHERS (specify below)					

2.9 SPECIAL SOLID WASTE RECYCLED: (NON-HAZARDOUS WASTE)							
SOLID WASTE TYPE	DI	DBOF*		NON-DBOF			
(List non-hazardous recycled waste)	Tons	Revenue	Tons	Revenue	EST*		
STP (Sewage) SLUDGES							
SANDBLAST RESIDUE							
TIRES							
OTHER (specify below)							

^{*}Defense Business Operating Funds (DBOF), formerly NIF *WT (Weight Ticket) and EST (Estimate): Write W to indicate the tons amount shown above was weighed or write E if it is an estimate.

2.10 DOES YOUR INSTALLATION HAVE A COMPOSTING PROGRAM? Yes No (If you answer "Yes", please complete information in section 4.1B or 4.2B)
2.11 AVOIDED DISPOSAL COSTS:
A. Does your installation track recycling avoided disposal costs?
Yes No If yes, what were they for FY93?
B. How were they determined?
Estimated Calculated based on avoided tipping fees

	IG PROGRAM COS' your Activity incur in imple	TS: ementing the base recycling program?)
	DBOF*	NON-DBOF
Transportation\$_	\$	<u></u>
Collection	\$	\$
Processing	\$	\$
Other (Please indicat	\$	\$
Other (Please indicat	e)	* Defense Business Operating Funds (DBOF), formally NIF
SECTION 3.	SOLID WASTE	COLLECTION/TRANSPORTATION
3.1 SOLID WAS	TE COLLECTED B	Y (Check all that apply):
Govt Co	ontractor Othe	er
3.2 GOVERNME	ENT (PWC/PWD/Base M	faintenance) COLLECTION COST:
A. Annua	l Labor Cost	\$
B. Equipr	ment Costs	\$
C. Operat	ion/Maintenance Cos	sts \$
3.3 CONTRACT	OR COLLECTION (COST:
A. Refuse	Collection: Annual C	Cost: \$
B. Recycl	ing: Annual C m of section 2.12)	Cost: \$
C. Greenv	waste: A ndscaping contract cost)	Annual Cost: \$

SECTION 4. DISPOSAL OF INSTALLATION SOLID WASTES

 $4.1\,$ PRIVATE OR MUNICIPAL DISPOSAL SITES UTILIZED: Complete 4.1A through 4.1E. as they apply to your installation disposal practices. Please write N/A in the sites or facilities not used. NOTE: It is essential that you provide the amount disposed.

A. PRIVATE OR MUNICIPAL LANDFILL DISPOSAL SITE OR SITES USED							
Disposal Site Name City and State	Tipping Fee (\$/ton)	Amount Disposed (tons/Yr)	Miles to Site (1-way)	Remaining Life (years)	WT/ EST [*] (W/E)		

B. PRIVATE OR MUNICIPAL COMPOST FACILITY OR DISPOSAL SITE USED							
Compost Facility Site Name City and State	Tipping Fee (\$/ton)	Amount Disposed (tons/Yr)	Miles to Site (1-way)	Remaining Life (years)	WT/ EST [*] (W/E)		

C. PRIVATE OR MUNICIPA	L INCINERA	ATOR USED	(Use 4.1E for m	edical waste)	
Incinerator Name	Tipping	Amount	Miles	Remaining	WT/

		ı

D. PRIVATE OR MUNICIPAL CONSTRUCTION, DEMOLITION DEBRIS LANDFILL OR DISPOSAL FACILITY USED							
Disposal Site Name City and State	Tipping Fee (\$/ton)	Amount Disposed (tons/Yr)	Miles to Site (1-way)	Remaining Life (years)	WT/ EST [*] (W/E)		

E. PRIVATE OR MUNICIPAL MEDICAL WASTE DISPOSAL FACILITY USED					
Disposal Site Name City and State	Tipping Fee (\$/Pound)	Amount Disposed (Lbs/Yr)	Miles to Site (1-way)	Remaining Life (years)	WT/ EST [*] (W/E)

^{*}Use W to indicate if amount disposed in 4.1A, 4.1B, 4.1C 4.1D, and 4.1E was weighed or E if estimated

4.2 DEPARTMENT OF NAVY (DON) OR FEDERAL GOVERNMENT-OWNED DISPOSAL

SITES UTILIZED: (Navy, Marine Corps, or DOD Installation landfill used) Complete 4.2A through 4.2E as they apply to your installation disposal practices. Please write N/A in the sites or facilities not used. NOTE: It is essential that you provide the amount disposed.

A. DON LANDFILL DISPOSAL SITE USED (Must also complete section 5.0)					
Landfill Disposal Site Name	Operator Government Contractor (G or C)	Owner Name and UIC	Amount Disposed (tons/Yr)	WT/ EST [*] (W/E)	

B. DON COMPOSTING FACILITY USED					
Composting Facility Site Name	Operator Government Contractor (G or C)	Owner Name and UIC	Amount Disposed (tons/Yr)	WT/ EST [*] (W/E)	

C. DON INCINERATOR USED (Use 4.2E for medical waste)						
Incinerator	Capacity (tons/Day)	Amount	Ash Residue	WT/		
Facility Name		Disposed	Generated	EST [*]		

D. DON CONSTRUCTION DEMOLITION DEBRIS LANDFILL DISPOSAL SITE USED (Must also complete out section 5.)					
Landfill Disposal Site Name	Operator Government Contractor (G or C)	Owner Name and UIC	Amount Disposed (tons/Yr)	WT/ EST* (W/E)	

E. DON MEDICAL WASTE INCINERATOR USED					
Incinerator Facility Name	Capacity (Pound/Day)	Amount Disposed (Pounds/Yr)	Ash Residue Generated (Tons/Yr)	WT/ EST [*] (W/E)	

^{*}Use W to indicate if amount disposed in 4.2A, 4.2B, 4.21C, 4.2D, and 4.2E was weighed or E if estimated

SECTION 5. INSTALLATION LANDFILL OPERATIONS

The following information is needed for each Installations landfill. Simply photocopy additional sections 5s as needed for each of your landfills. (If Section 4.2A or 4.2D above was completed, this section needs to be completed.)

5.1 OTHER INSTALLATIONS USING INSTALLATION INCINERATOR:	I-OWNED LAND	FILL OR
Installation Name	UIC	Landfill (L)

5.2 TOTAL OPERATING COSTS	FOR INSTAL	LATION LANDFILL DISPOSAL SITES:
A. PERSONNEL	\$	
B. MAINTENANCE	\$	_
C. OTHER	\$	<u> </u>
D. TOTAL	\$	_
5.3 CAPITAL EXPENDITURES:		
MCON/PCR No	FY	Costs \$
MCON/PCR No	FY	Costs \$
MCON/PCR No	FY	Costs \$
COMPLETE BELOW INFORMATUTILIZED:	TION FOR EAC	CH INSTALLATION LANDFILL
5.4 DESIGN CAPACITY	(Tons)	or (Cubic Yards)
5.5 REMAINING CAPACITY	(Tons)	or (Cubic Yards)
5.6 FINISHED SURFACE AREA (Acres)	5.7 DISPOSA DEPT	AL SITE TH (Ft)
5.8 REMAINING LIFE (Yrs)	5.9 DEPTH T	ΓΟ UNDWATER (Ft)
5.10 METHODS FOR:		
A. LEACHATE CONTROL:		

B. GAS GENERATION/MOVEMENT CONTROL:

	CLUSURE DATE	: FY		
	(Mont)	N DATE h/Year)		
	OTHER DISPOS OPERATION COST		ONAL COST	
Category	Composting	Incineration	Construction and Demolition	Medical
Personnel				
Maintenance				
Other				
Total				
ECTION 7. C	COMMENTS/RI	ELATED INFO	PRMATION:	

Printed: June 16, 1999

QUALITY OF SWAR INFORMATION. It is essential that we receive accurate solid waste information from reporting installations to Measure Navy and Marine Corps progress in solid waste management. List the essential persons that helped the Solid Waste Point of Contact (listed in Section 1.6) prepare the installation SWAR. Include personnel from DRMO, PW Transportation, PW contracts, PW QC, MWR, Special Services, Environmental Manager, and others that provided information. We will contact the appropriate individuals if further installation information is needed.

SOURCES OF INSTALLATION SOLID WASTE INFORMATION					
Report Section	NAME	CODE	DSN Phone #	Commercial Phone Number	FAX Phone Number

I certify that the FY92 SWAR information submitted herein verified to the best of my ability.	has been thoroughly reviewed, and
Signature	Date
Official Installation Solid Waste Point of Contact	-

Mail completed SWAR to:
COMMANDING OFFICER
NAVAL ENERGY AND
ENVIRONMENTAL SUPPORT
ACTIVITY
ATTN SWAR NEESA CODE 112F4
1001 LYONS STREET SUITE 1
PORT HUENEME CA 93043-4340
For assistance call NEESA
Sheila Hathway DSN 551-6628
Commercial (805) 982-6628
or
Tracey Jordan DSN 551-5309
Commercial (805) 982-5309

NEESA FAX DSN 551-4832